

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41890

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>308</u>		PRIMARY REG. DIST. NO. <u>6049</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Femme Osage</u> <u>Life</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Femme Osage</u> <u>c 920</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Femme Osage</u>				d. STREET ADDRESS (If rural, give location) <u>6</u>			
3. NAME OF DECEASED (Type or Print) <u>GWSTAYLE</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>12-23-50</u>		(Month)		(Day)		(Year)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 10, 1872</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR <u>8</u> Months <u>13</u> Days		IF UNDER 1 YEAR <u>8</u> Hours <u>13</u> Min.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John Rawie</u>		13b. MOTHER'S MAIDEN NAME <u>Dina Langkopf</u>		14. NAME OF HUSBAND OR WIFE <u>Caroline Rawie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Caroline Rawie</u> ADDRESS <u>Femme Osage Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Cardiac insufficiency</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 yr</u> <u>4 yr</u> <u>6 months</u> <u>92X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 1948</u> to <u>Dec 23, 1950</u> , that I last saw the deceased alive on <u>Dec 23, 1950</u> , and that death occurred at <u>9:30 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>W. C. Johnson</u> (Degree or title)				23b. ADDRESS <u>Northville Mo</u>		23c. DATE SIGNED <u>12/25/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/26/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Femme Osage Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 29, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs Viola Fleischer</u>		399 FUNDAL DIRECTOR'S SIGNATURE <u>Walter W. Muehler</u>		ADDRESS <u>Wentzville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 2 1951

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Howard O. Kissler

Signed _____
Student Embalmer

Licensed Embalmer No. *4631*

P. O. Address *Wentzville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.